FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS RECEIVED							
(1) MILT MONTALLO	(2) CITY CLEDY						
Candidate, Committee or Party Name	I.D. Number LEKK'S OFFIR						
(3) 1045 10 St 505	MB FL 33139-5304						
Address (number and street)	City State Zip Code						
Check box if address has changed since las	st report						
(4) Check appropriate box(es):							
Candidate (office sought): MAUST	2						
Political Committee	Check if PC has DISBANDED						
Committee of Continuous Existence	Check if CCE has DISBANDED						
Party Executive Committee							
(5) REPORT	IDENTIFIERS						
Cover Period: From 4 / 1 / 03 To	2 130 103 Report Type 2						
dovar rened. Florit	Hepon Type						
Original Amendment Special Elec	ction Report Independent Expenditure Report						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$, 674.96	Monetary Expenditures \$_,,35387						
Loans \$	Transfers to Office Account \$						
Total Monetary \$	Total Monetary \$						
In-kind \$	(8) Other Distributions \$						
(9) TOTAL Monetary Contributions to Date \$, 3561. 28	(10) TOTAL Monetary Expenditures to Date \$						
(11) CERT It is a first degree misdemeanor for any pers	IFICATION on to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, correct and complete	I certify that I have examined this report and it is						
	true, correct and complete						
Name of Treasurer Deputy Treasurer	Name of Candidate Chairman (PC/PTY Only)						
X Soo	X Cony)						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	r						
(3) Cover Perio	od <u>4 / 1 / 03.</u> through_	6 1	30 103	(4)	Page	of _	1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) entributor	(9)	(10) In-kind Description	(11) Amendment	(12)
	MILT MOUTPLYO 1045 1057505 MB 33139-5304	SEF	RE	CASH			<i>ই</i> ম্বর্
4 <i>Bo 103</i> 2	Ď						199.78
5 /3º / 3	Ų						193,53
6 30 103	N						199.78
11							`
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DS-DE 13 (7/98)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

1) Name MIT MENTAGE	(2) I.D. Number			
3) Cover Period 4 / 1 / 03 through 6 / 30 / 03	(4) Page			

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
4 13 103 1	HAPPY DWOING OF MIAMINK, 651 MW 106-T MIA AL 33150	IMPRINTS T	Mon		205.24
7 /10/03	U	ts .	tı		121.98
4/12/03	ECKEPD DRUKS # 2712 JUDON RD MB	POCA ROID FILM	l(19:25
4/14/03	VSPS (POTAL SY) MIA BEA FL 33119-9998	STAMPS	Ì1		7,40
_/- /-					
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